U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 6047	2. Fiscal Year Covered From:		
1. File Nullines 0.			
	1 / 1 / 2004 Through: [2 / 3] / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Frank T Di Giovanni	Name LARDRES LOCAL UNION No. 5		
	Labor Organization File Number 014-432		
P.O. Box, Bldg., Room No., if any P.O. Box 769	P.O. Box, Building and Room Number, if any P.O. Box 769		
Street 134 N. HALSTED	Street 134 N. HALSTED		
CHICAGO HEIGHTS	CHICAGO HEIGHTS		
State ILLIN015 ZIP Code +4 60411-1250	State [LLINOIS ZIP Code + 4 60411-1250]		
5. Position in labor organization. BUSINESS REPRESENT	ATIVE		
Enter appropriate data below if, during the past fiscal year, you or your spo except as specified in the exclusion	use or minor child directly or Indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZiP Code + 4	ha <u>n and an included and an </u>		
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the			
undersigned's knowledge and helief true correct and complete (See the se	ring documents), has been examined by the signatory and is, to the best of the		
undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
signed Trank T. D. Hora	on SISIOS (708) 754-6100 Date Telephone Number		

Name of Person Filing - RANK 1. DI GOVANNI		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LECET	,		
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bidg., Room No., if any Suite 302	b. Trust c. Employer		
Street 999 MC CLINTOCK De.	C. Employer		
City BURR RIDGE			
State LLINOIS ZIP Code + 4 60527			
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such deali		
Name	WHITE SOX GAM	NE WITH MEMBERS	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	ue of such dealing.	
City	12.a. Nature of interest hel		
State ZIP Code + 4			
State ZIP Code + 4			
State ZIP Code + 4			
State ZIP Code + 4			
State ZIP Code + 4	12.b. Amount		
C. Received from any employer (other than an employer covered unde	er parts A and B above)		
	er parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered unde	er parts A and B above)		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.		
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DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date